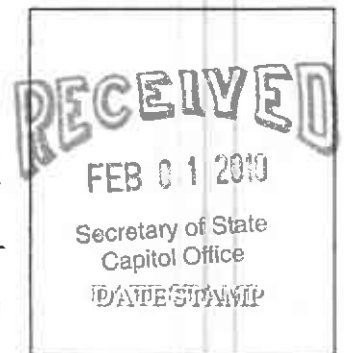


Candidate  
Annual Report of Receipts and Disbursements  
2009



Candidate's Name Hillman Terome Frazier  
Full Address 2066 Queensroad Avenue, Jackson, MS 39213  
Telephone 601/982-1871 Fax \_\_\_\_\_  
Contact Name Hillman Frazier Email hfrazier@bellsouth.net  
Office Sought Senate District 27 Political Party Democratic

☒ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2750.00 + \$ 0	\$ 2750.00	\$ 2750.00
Total amount of disbursements	\$905.84 + \$2312.07	\$ 3217.91	\$ 3217.91
Total amount of cash on hand		\$ 17348.64	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Hillman Terome Frazier  
Signature of Candidate

6/1/29/10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1.Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

*Amended*

Name of Candidate or Committee Hillman Terone FrazieReporting period 01/01/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi PAC</u>	<u>09/17/09</u>	<u>\$200.00</u>
Mailing Address <u>175 E. Capitol Street, Landmark Center #703</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>AT&amp;T</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corporation PAC</u>	<u>10/09/09</u>	<u>\$500.00</u>
Mailing Address <u>5430 LBJ Freeway</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Atmos Energy</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee PAC</u>	<u>10/23/09</u>	<u>\$250.00</u>
Mailing Address <u>100 Abbott Park Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Abbott Laboratories</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca Zeneca Services</u>	<u>11/10/09</u>	<u>\$500.00</u>
Mailing Address <u>1800 Concord Pike, P.O. Box 15437</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Zeneca, Inc</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Hillman Terrence FrazeeReporting period 6/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company, LLC</u>		<u>11/29/09</u>	\$ <u>1000.00</u>
Mailing Address <u>Centene Plaza, 7711 Carondelet Avenue</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Centene Corporation</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Homecare</u>		<u>12/01/09</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont Street, Suite B</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Mississippi Association for Homecare</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Hillman Terone Frazier  
 Reporting period 01/01/09 through 12/31/09

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>D.C. Presidential Inaugural Committee</u>	<u>01/19/09</u>	\$ <u>300.00</u>
Mailing Address	<u>01/19/09</u>	\$
City, State, Zip Code	<u>01/19/09</u>	\$
<u>Washington, DC</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Clarion-Lodger</u>	<u>02/27/09</u>	\$ <u>205.84</u>
Mailing Address	<u>02/27/09</u>	\$
<u>P.O. Box 40</u>		
City, State, Zip Code	<u>02/27/09</u>	\$
<u>Jackson, MS 39201</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>205.84</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hanging Moss Road Church of Christ</u>	<u>08/07/09</u>	\$ <u>200.00</u>
Mailing Address	<u>08/07/09</u>	\$
<u>5225 Hanging Moss Road</u>		
City, State, Zip Code	<u>08/07/09</u>	\$
<u>Jackson, MS 39216</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
<u>Health Ministry Souvenir Booklet Ad</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Links, Inc., Jackson MS Chapter</u>	<u>11/02/09</u>	\$ <u>200.00</u>
Mailing Address	<u>11/02/09</u>	\$
<u>P.O. Box 20193</u>		
City, State, Zip Code	<u>11/02/09</u>	\$
<u>Jackson, MS 39289</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
<u>Souvenir Booklet Ad</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$